

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Frank et al.  
Serial No. : 09/997,957 Examiner : Vo, Huyen X.  
Filed : November 30, 2001 Group Art Unit : 2655  
For : METHOD AND APPARATUS FOR THE AUTOMATIC  
SEPARATING AND INDEXING OF MULTI-SPEAKER  
CONVERSATIONS

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

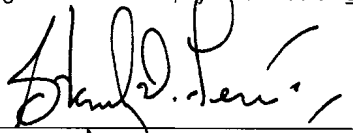
Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF EFS FILING

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being filed with the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, by EFS Web on December 10, 2007.

  
\_\_\_\_\_  
Stanley D. Ference III  
Reg. No. 33,879

\_\_\_\_\_  
December 10, 2007  
Date of Signature

5. ☐ Also enclosed: \_\_\_\_\_
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY	
							RATE	FEE			RATE	FEE
Total Claims	31	-	** 49	=	* 0	x	\$25	=	O	x	\$50	= 0
Ind.	7	-	*** 7	=	* 0	x	\$105	=	R			
Claims									O	x	\$210	= 0
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$185	=	R			
									O	+	\$370	= 0
									R			
							TOTAL	= \$	O		TOTAL	= \$0
									R			

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

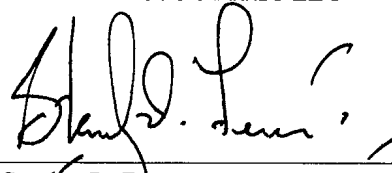
\*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

\*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$\_\_\_ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$\_\_\_ filing fee to Deposit Account No. 50-0510.
10. ☐ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By   
Stanley D. Ference III  
Reg. No. 33,879

Dated: December 10, 2007

Mailing Address:

Customer No. 35195  
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